

TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

Application Number	10/759,777
Filing Date	January 16, 2004
First Named Inventor	Jan Vet
Group Art Unit Number	2632
Examiner Name	Van T. Trieu
Total Number of Pages in This Submission	12
Attorney Docket Number	23255-08754

ENCLOSURES (check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)
<input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s):
[] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A
<input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Amendment/Response: 9 Pages
<input type="checkbox"/> After Final | <input type="checkbox"/> |
| <input type="checkbox"/> Status Request | <input type="checkbox"/> |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> |

REMARKS:

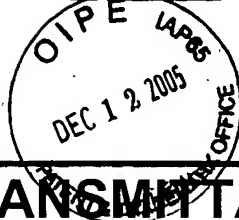
SIGNATURE OF ATTORNEY OR AGENT

Signature:	<i>Albert C. Smith</i>	
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated: 12/8/05

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:	<i>Albert C. Smith</i>	
Typed or Printed Name:	Albert C. Smith	Dated: 12/8/05
Express Mail Mailing Number (optional):		



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

Application Number	10/759,777
Filing Date	January 16, 2004
First Named Inventor	Jan Vet
Examiner Name	Van T. Trieu
Art Unit	2632
Attorney Docket No.	23255-08754

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	20** =	X	=
Independent Claims	3** =	X	=
Multiple Dependent			=

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1460	—	1460	—
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900

Other fee (specify) _____

Fee Description

Fee Paid

Surcharge - late filing fee or oath or declaration	
Surcharge - late provisional filing fee or cover sheet	
Non-English specification	
For filing a request for <i>ex parte</i> reexamination	
Requesting publication of SIR prior to Examiner action	
Requesting publication of SIR after Examiner action	
Extension for reply within first month	
Extension for reply within second month	
Extension for reply within third month	
Extension for reply within fourth month	
Extension for reply within fifth month	
Notice of Appeal	
Filing a brief in support of an appeal	
Request for oral hearing	
Petition to institute a public use proceeding	
Petition to revive - unavoidable	
Petition to revive - unintentional	
Utility issue fee (or reissue)	
Design issue fee	
Plant issue fee	
Petitions to the Director	
Processing fee for Provisional Applications	
Submission of Information Disclosure Stmt	
Recording each patent assignment per property (times number of properties)	
Filing a submission after final rejection (37 CFR 1.129(a))	
For each additional invention to be examined (37 CFR 1.129(b))	
Request for Continued Examination (RCE)	
Request for expedited examination of a design application	

SUBTOTAL (3) (\$) 0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)

Albert C. Smith

Registration No.
(Attorney/Agent)

20,355

Complete (if applicable)

Telephone 650.335.7296

Signature

A.C. Smith

Date

12/8/05



**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Jan Vet
APPLICATION NO.: 10/759,777
FILING DATE: January 16, 2004
TITLE: Programmable Positioning and Telemetric System,
Transmitter and Programming Station and Method of
Operating Such
EXAMINER: Van T. Trieu
GROUP ART UNIT: 2632
ATTY. DKT. NO.: 23255-08754

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 12/8/05

By: A.C. Smith
Albert C. Smith, Reg. No.: 20,355

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated November 28, 2005 received in the patent application identified above, please amend the specification in this application as indicated herein.